



Hampton Roads/Newport News Providers Focus Group
Peninsula Health District
Thursday, May 5, 2016
Leishalar@gmailcom

BARRIERS TO WELLNESS IDENTIFIED
WELLNESS MATRIC GROUP DISCUSISON OUTPUTS

I. QUESTION: WHAT ARE THE CHALLENGES WHY MANY PROVIDERS ARE NOT ABLE TO ACCEPT NON- ENGLISH SPEAKING REFUGEE CLIENTS?

Group response summary: lack of cultural competency, lack of resources and communication issues

Lack of cultural competency includes: this lack of understanding of providers and the clients,

Lack of resources includes: funding to provide the tools for providers, staffing to meet the demands of refugee coming in the area, limited staff, funding

Communication issues include: ongoing communication between the provider and the referral agency, referrals that actually meet the needs, helping the individual see the need to follow up with the referral, language barrier

II. QUESTION: WHAT ARE THE CHALLENGES PROVIDERS FACE HAVING NON- ENGLISH SPEAKING REFUGEE CLIENTS?

Group response summary: cultural and relational competencies, societal integration

Lack of cultural and relational competencies includes: Accurate and culturally competent interpretation, having bilingual and culturally competent staff, cultural differences, accurate interpretation of identified mental health issues

Lack of societal integration includes: Building a trusting relationship with clients, explaining the expectations and obligations of the U.S healthcare system, assisting client in fulfilling the need for inclusion into society, expectations and obligations of the U.S health care system

III. QUESTION: WHAT ARE THE CHALLENGES EXPERIENCED BY DIRECT SERVICE PROFESSIONALS IN FINDING HELP FOR NON- ENGLISH SPEAKING CLIENTS?

Group response summary: limited funding, cultural awareness and sensitivity, community support, and treatment and compliance

Lack of funding includes: the high cost of insurance, constrained resources for interpreters, and unreliable and scarce transportation

Lack of cultural awareness and sensitivity for providers and clients includes: the non-English speaking community is not a priority; difficulty in coordinating appointments; and, no existing appropriate training resources

Lack of community support includes: low number of volunteers (drivers, mentors, sponsors), low amount of functioning and effective free medical clinics, low amount of clinics that accepts Medicaid; scant options for insurance (finding provides who can service Medicaid populations); language barriers (lack of third-party translator)

Lack of commitment to treatment and compliance includes: low community priority, limited understanding, frequent instability, and poor communications of plans providers; lack of training for language culture for providers; minimal support for direct service providers (ie. volunteers, mentors, drivers, etc.); no education on personal responsibility for clients (ie. insurance keeping appointments); difficult to find help